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Special Efforts Are Needed For Flu & Pneumonia Prevention For Kentuckians With Diabetes

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For people with diabetes, influenza can be more than aches and pains. It can mean longer illness, hospitalization, or even death. According to the Centers for Disease Control and Prevention (CDC), people with diabetes are almost 3 times more likely to die with influenza (“the flu”) or pneumonia.⁵

Despite the increased risk, Kentucky has substantial numbers of diabetics who remain unvaccinated against influenza. In 2003, an estimated 8.5% (267,000) of the adult population in Kentucky was diagnosed with diabetes, ranking Kentucky 7th highest in the nation. In addition, it’s estimated that 1/3 of the diabetes cases are undiagnosed which means an additional 133,500 Kentuckians have diabetes and do not know it.^{3,4}

However, data from the 2003 Behavioral Risk Factor Surveillance System (BRFSS), an ongoing survey conducted by the Kentucky Department for Public Health, show that only about one half of the Kentuckians who have diabetes receive the recommended influenza and pneumococcal (pneumonia) vaccines. Even though BRFSS data indicate a slow, gradual upward trend in the percentage of Kentuckians with diabetes who have obtained the recommended flu and or pneumonia vaccine (Table 1),^{3,4} approximately half this high-risk population

Table 1.

Percentage of Kentuckians Age 18 and Older with Diabetes Who Received the Flu or Pneumonia Vaccine Kentucky BRFSS 2001-03			
Vaccination	Year		
	2001	2002	2003
Flu shot in past year	51.8	52.3	57.2
Ever had the pneumonia vaccine	40.3	39.4	47.5

October Notes & Reports.....

Special Efforts are Needed for Flu and Pneumonia Prevention for Kentuckians with Diabetes.....	1
Cases of Selected Reportable Diseases	3
Notice to Readers: Pneumococcal Conjugate Vaccine Shortage Resolved	6

still is not being reached.

In order to provide improved coverage of influenza and pneumococcal disease for Kentuckians with diabetes, established guidelines should be followed and creative outreach programs should be pursued.

The Advisory Committee on Immunization Practices (ACIP), the CDC, and the American Diabetes Association recommend the following influenza guidelines for persons with diabetes who do not have egg allergies or other contraindications:^{1,2,4}

- Persons with diabetes (*6 months old or older*) should receive a yearly flu (influenza) vaccine beginning each October.
- Children with diabetes under the age of 9 who are receiving the flu shot for the first time should receive the vaccine in 2 doses at least 28 days apart.
- Persons with diabetes should receive the inactivated virus vaccine. Persons with diabetes should NOT receive Flu Mist or intranasal (live) influenza vaccine.

In addition, the Advisory Com-

(Continued on Page 2)

mittee on Immunization Practices (ACIP), the CDC, and the American Diabetes Association recommend the following pneumococcal guidelines for persons with diabetes who do not have other contraindications:^{1,2,4}

- Persons with diabetes (*age 2 or more*) should receive a pneumonia vaccine (PPV 23).
- A one-time revaccination may be recommended for individuals older than 65.

As health care facilities and health departments across Kentucky are planning special efforts to administer flu and pneumonia vaccines, the Kentucky Diabetes Prevention and Control Program (KDPCP) encourages health care professionals and diabetes educators to make a special effort to reach out to those with diabetes. For example, consider offering flu and pneumonia vaccines at diabetes events held in October and November. In addition, public education regarding diabetes and the importance of flu and pneumonia vaccination would be beneficial. Free posters and brochures may be downloaded from www.cdc.gov/flu/professionals/patiented.htm Health care providers may also contact the National Immunization Information Hotline that is supported by CDC at 1-800-232-2522. A CD with flu and pneumonia educational materials may be requested 8 am - 11 pm Monday through Friday.

References:

1. Position Statement, American Diabetes Association, Immunization and the Prevention of Influenza and Pneumococcal Disease in People with Diabetes, 2002.
2. CDC Vaccination Information Statement (VIS) for Flu Shot/Nasal-Spray Flu Vaccine/Pneumococcal Polysaccharide Vaccine/ Pneumococcal Conjugate Vaccine 2004.
3. Behavioral Risk Factor Surveillance Survey, KY Department for Public Health, 2003
4. Kentucky Department for Public Health, Epidemiology Division, Immunization Program Staff, Diabetes Program Staff, 2004.
5. CDC Brochure, "If You Have Diabetes, A Flu Shot Could Save Your Life."

Prevnar Shortage Resolved *(from page 4)*

months, catch-up vaccination might occur at regularly scheduled visits for most children who routinely receive vaccines from their primary-care providers. Programs that provide vaccinations but do not see children for other reasons should consider a notification process to contact undervaccinated children.

Providers with questions about obtaining Prevnar[®] should contact Wyeth's customer service department, telephone 800-666-7248. For public-purchased vaccine, including vaccines used in the Vaccines for Children Program, providers should contact their state/grantee immunization projects to obtain vaccine. These projects should contact their project officers at the National Immunization Program at CDC for information regarding vaccine supply.

In Kentucky, if you have any questions please call Laura Harrod Hilborn at the Kentucky Immunization Program (502) 564-4478 x3855.

Updated information about vaccine supply is available from CDC at <http://www.cdc.gov/nip/news/shortages>.

References

1. CDC. Limited supply of pneumococcal conjugate vaccine: suspension of recommendation for fourth dose. MMWR 2004;53:108--9
2. CDC. Updated recommendations on the use of pneumococcal conjugate vaccine: suspension of recommendation for third and fourth dose. MMWR 2004;53:177--8.
3. CDC. Updated recommendations for use of pneumococcal conjugate vaccine: reinstatement of the third dose. MMWR 2004;53:589--90.
4. CDC. Prevention of pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices. MMWR 2000;49(No. RR-9).
5. CDC. Pneumococcal vaccination for cochlear implant candidates and recipients: updated recommendations of the Advisory Committee on Immunization Practices. MMWR 2003;52:739--40.
6. CDC. Recommended childhood and adolescent immunization schedule---United States, July--December 2004. MMWR 2004;53:Q1--3

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**Cases of Selected Reportable Diseases and Motor Vehicle Injury Deaths in Kentucky
YTD Through August for Each Year**

Disease	2004	2003	5-yr Median
AIDS	195	123	195
Chlamydia	4107	6078	6078
Gonorrhea	1828	2703	2646
Syphilis (Primary & Secondary)	33	29	35
Group A Streptococcus	51	37	33
Meningococcal Infections	8	15	15
<i>Haemophilus influenzae</i> , invasive	5	4	4
Hepatitis A	29	25	36
Hepatitis B	45	50	47
E.coli O157H7	21	22	28
Salmonella	265	316	289
Shigella	53	92	113
Tuberculosis	83	89	89
Animal Rabies	20	30	21
Motor Vehicle Injury Deaths	695	651	651

Disease	2004 YTD	Total in 2003
Diphtheria	0	0
Measles	0	0
Mumps	0	0
Pertussis	54	53
Polio	0	0
Rubella	0	0
<i>Streptococcus pneumoniae</i>	23	31
Tetanus	2	0

Disease	2004 YTD	Total in 2003
Rocky Mountain Spotted Fever	1	3
Lyme Disease	13	17
Ehrlichiosis	1	5
Tularemia	0	2
Arboviral Encephalitis	1	14
Malaria	4	11

**RECOMMENDED 7-VALENT PNEUMOCOCCAL CONJUGATE VACCINATION REGIMENS AMONG
CHILDREN AGED <5 YEARS, BY HISTORY AND CONDITION**

Age at exam	Vaccination history	Recommended regimen
2-6 months	0 doses	3 doses, 2 mos apart; 4th dose at age 12-15 mos
2-6 months	1 dose	2 doses, 2 mos apart; 4th dose at age 12-15 mos
2-6 months	2 doses	1 dose, 2 mos after the most recent dose; 4th dose at age 12-15 mos
7-11 months	0 doses	2 doses, 2 mos apart; 3rd dose at age 12-15 mos
7-11 months	1 or 2 doses before age 7 mos	1 dose at age 7-11 mos, with another dose at 12-15 mos (\geq 2 mos later)
12-23 months	0 doses	2 doses, \geq 2 mos apart
12-23 months	1 dose before age 12 mos	2 doses, \geq 2 mos apart
12-23 months	1 dose at \geq 12 mos	1 dose, \geq 2 mos after the most recent dose
12-23 months	2 or 3 doses before age 12 mos	1 dose, \geq 2 mos after the most recent dose
24-59 months, healthy children	Any incomplete schedule	Consider 1 dose, \geq 2 mos after the most recent dose
24-59 months children at high risk	Any incomplete schedule < 3 doses	1 dose, \geq 2 mos after the most recent dose and another dose \geq 2 mos later
24-59 months children at high risk	Any incomplete schedule of 3 doses	1 dose, \geq 2 mos after the most recent dose

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RETURN SERVICE REQUESTED

Notice to Readers: Pneumococcal Conjugate Vaccine Shortage Resolved

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<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5336a8.htm>

Since February 2004, CDC has recommended that 7-valent pneumococcal conjugate vaccine (PCV7), marketed as Prevnar[®] and manufactured by Wyeth Vaccines (Collegeville, Pennsylvania), be administered to healthy children on an abbreviated schedule to conserve the limited supply (1--3). Production capacity has been increased, and supply is now sufficient to meet the national demand for vaccine on the routine, 4-dose schedule. Effective immediately, CDC, in consultation with the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, and the American Academy of Pediatrics, recommends that providers resume administration of PCV7 according to the routine schedule (4--6).

A vaccination schedule is provided for children who are incompletely vaccinated (Table Page 3). The highest priority for catch-up vaccination is to ensure that children aged <5 years at high risk for invasive pneumococcal disease because of certain immunocompromising or chronic conditions (e.g., sickle cell disease, asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, or human immunodeficiency virus infection) are fully vaccinated. Second priorities include vaccination of healthy children aged <24 months who have not received any doses of PCV7 and vaccination of healthy children aged <12 months who have not yet received 3 doses.

Because of the frequency of health-care provider visits by children during their first 18 (Continued on Page 2)